



CONNECTICUT  
*Office of Health Strategy*

# Pediatric Behavioral Health Integration Design Group Meeting 3

September 17, 2018

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# Agenda

Introductions	5 minutes
Questions for Today's Discussion	5 minutes
Discussion	50 minutes
Adjourn	

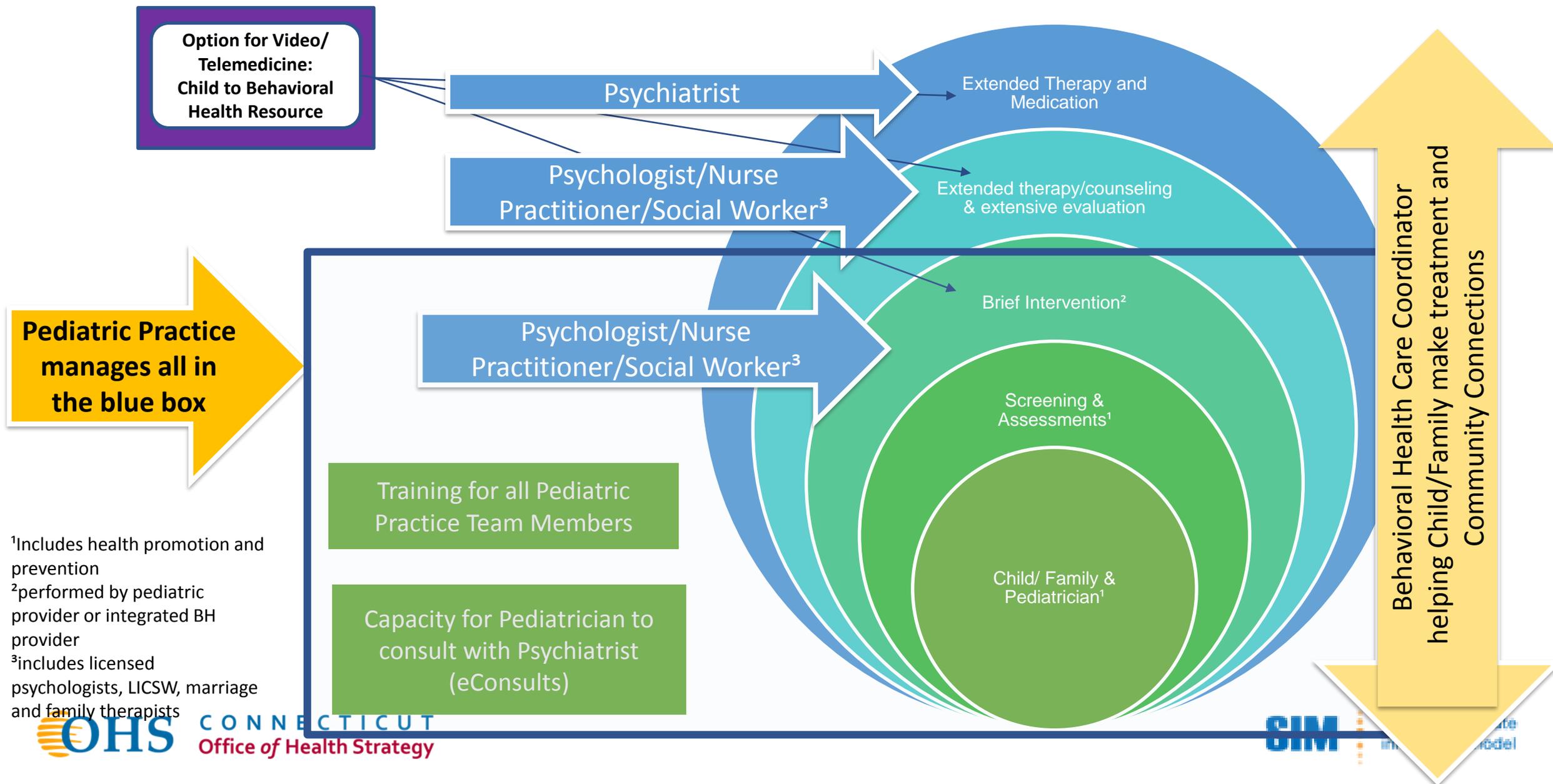
# Today's Meeting

- Gather final thoughts and recommendations to incorporate into final version
- Walk through model
- Remaining Questions

# Considerations from Our Discussions

- Pediatric BH integration along with entire PCM initiative must be applied to all if not most of population
- Work force development will be critical to availability of key functions, including but limited to:
  - Care coordinators
  - Marriage and Family Therapists
  - Psychologists
  - Psychiatrists
  - NPs
  - Social workers
  - Community Health Workers

# Primary Care Modernization – DRAFT Concept Map for Pediatric Behavioral Health Integration

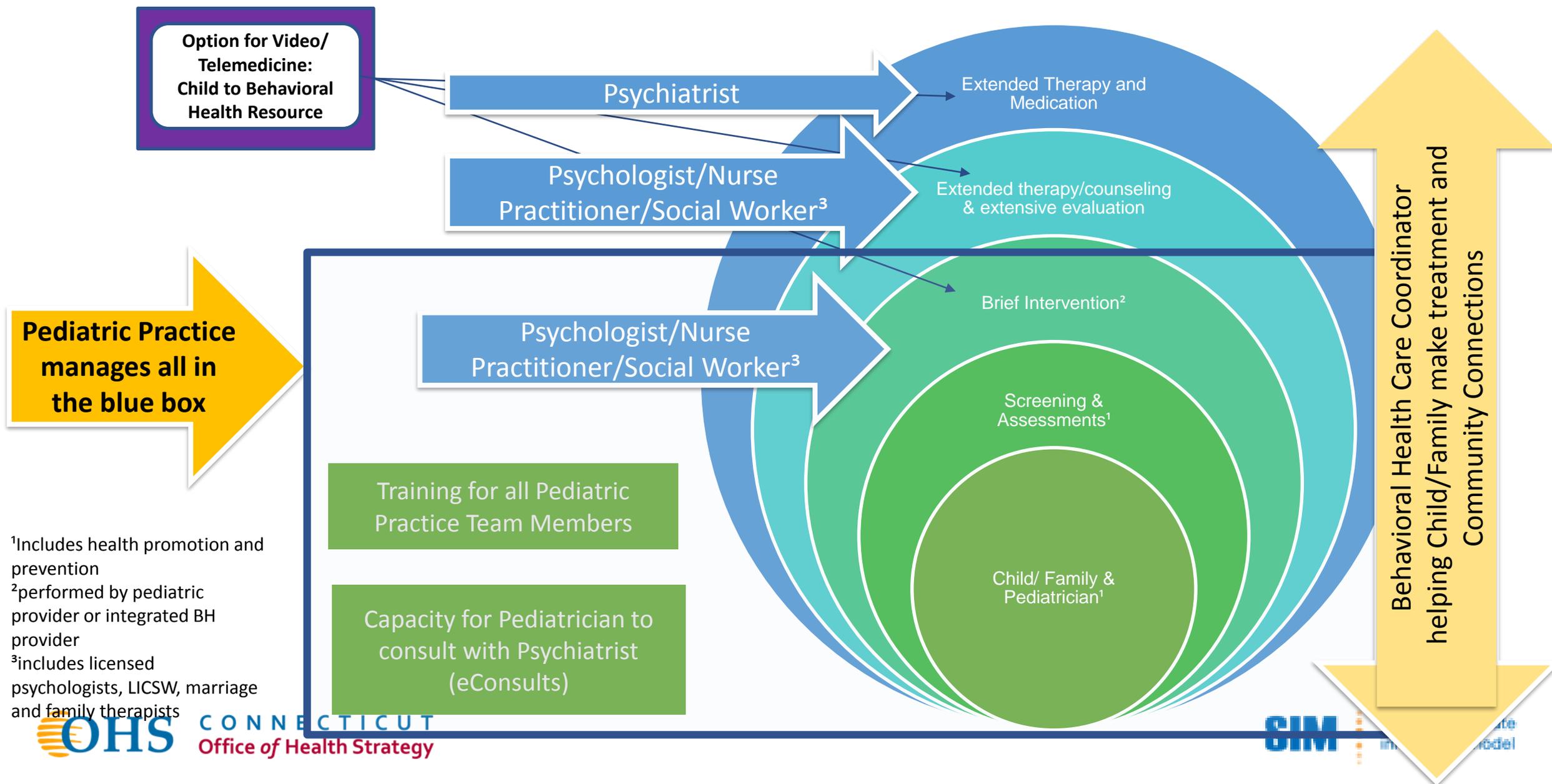


# Recommendations Page 1

Focus on developmental and socioemotional health promotion prevention and early identification:

- Routine screening and assessments by pediatric providers and embedded BH practitioners
- Co-location of BH practitioners whenever possible or BH practitioners located in practice “neighborhood”

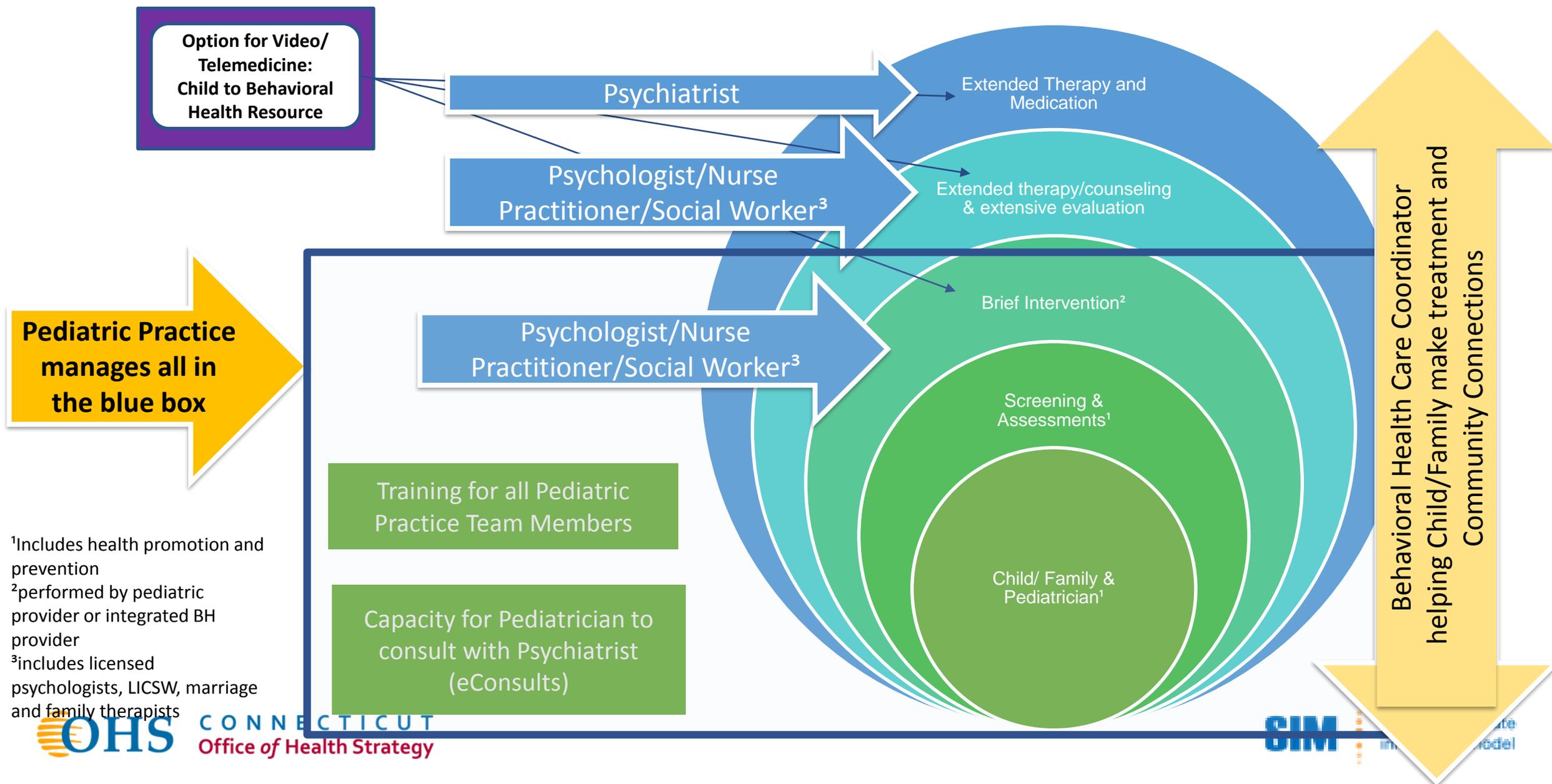
# Primary Care Modernization – DRAFT Concept Map for Pediatric Behavioral Health Integration



# Recommendations Page 2

- Brief interventions by pediatric care team and/or embedded BH practitioners
- Extended therapy/counseling/extensive evaluations by psychologists/NPs/Social workers and other
  - Includes interventions in health behaviors
  - Medication management by psychiatrists/NPs
- Care coordination across all aspects of care and community resource knowledge and linkages

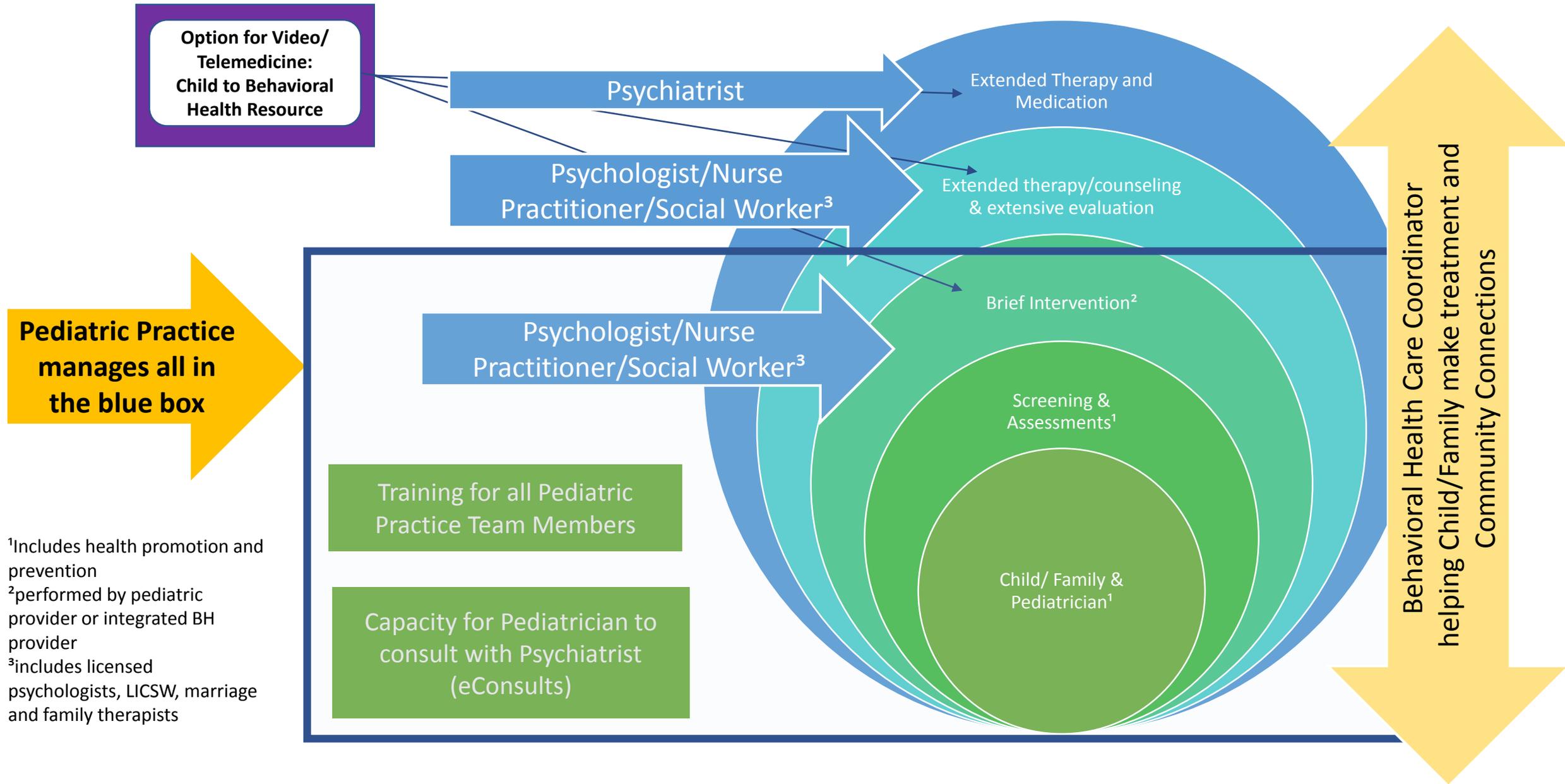
# Primary Care Modernization – DRAFT Concept Map for Pediatric Behavioral Health Integration



# Recommendations Page 3

- Role based training
- Including training for pediatric practices
  - How to use integrated system
  - Incorporating screening into workflow
- BH management and clinical support to primary care providers
- BH coordination functions
  - Availability of eConsults with BH practitioners
  - Availability of virtual visits with BH practitioners

# Primary Care Modernization – DRAFT Concept Map for Pediatric Behavioral Health Integration



<sup>1</sup>Includes health promotion and prevention

<sup>2</sup>performed by pediatric provider or integrated BH provider

<sup>3</sup>includes licensed psychologists, LICSW, marriage and family therapists

# Screening Recommendations

Ad hoc committee of screening experts approved the required:

- Universal Screening recommendations for screening tools
- Second Stage/Indicated recommendations for screening tools

# Topics to be Fully Developed During Implementation

- Team communications strategies
  - How different roles will work collaboratively
  - Capturing information in the EHR
- Outcomes measurement
- Monitoring follow up on referrals and school linkages
- Workforce development timeline

# Questions for Discussion

Are we missing any elements of the model?

- Which elements should be implemented first?
- Which elements of the model have a longer lead time?
- Is there anything else that would enhance implementation which should be noted?

# Next Steps

- Provide summary recommendations to Practice Transformation Task Force on September 25
- Task Force forwards information to Payment Reform Council